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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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## UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. J2167.0280/P280 First Inventor Mark L. Beard SYSTEM AND METHOD FOR MEASURING, etc. EV059555915US

브	Only to	r new non	provision	nai applications	under 37	CFR 1.53	(b))	Cxpre	SS IVI	ali Lai	oei ivo.	_   Ev	บองอะ	0091	505			
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		- Brief	Summary	the Invention of the Invention					ACCOMPANYING APPLICATIONS PARTS									
		<ul> <li>Detail</li> </ul>	led Descr	on of the Drawing option	gs (if filed)				9		Assignm	ent Pap	ers (cove	er she	et & docume	ent(s))		
		- Claim - Abstr		Disclosure				<del>,</del>	10				Statemer			ower of		
4.	Х	Drawing	(s) (35 L	J.S.C. 113)	[Total	Sheets	4	]]	11.		English 7	Translati	on Docu	ment	(if applicable	∍)		
5.	Oath	or Declar	ation		[Total	Pages	2	]	12		Informat Stateme		losure 'PTO-144	19	Copie:	s of IDS ons		
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			inventor(	(s) named in the CFR 1.63(d)(2) ar	pnor applic	ation,			16.		Nonpubl	ication F	Request ι		35 U.S.C. 1 D/SB/35 or it			
									17.		Other:							
6		Applicati	on Data	Sheet, See 37	7 CFR 1.7	76			Ī									
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I hereby certify that this cor	respondence is being deposi	ed with the U.S	Post	I Service as Expre	ess Mail. Airbill No.	. EV059555915US. in
an envelope addressed to:	Box Patent Application, Con	missioner or F	atents	Washington, DC	20231, on the date	e shown below.
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Dated: March 1, 2002

					Complete if Known
FEE TRANSMITTAL		Annli	cation	Numb	
			Date		March 1, 2002
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Patent fees are subject to annual revision.			niner N		Not Yet Assigned
Applicant claims small entity status See 37 CFR 1.27	İ	_			N/A
TOTAL AMOUNT OF PAYMENT (\$) 740.00			p Art l		
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METHOD OF PAYMENT (check all that apply)  Check Credit Money Cotton					E CALCULATION (continued)
Check Card Order Other None  X Deposit Account	3. A	DDITI	ONAL	. FEES	3
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Deposit Dickstein Shapiro Morin &	105	130	205	65	_
Name Oshinsky LLP					Surcharge – late filing fee or oath
The Commissioner is hereby authorized to: (check all that apply)	127	50	227	25	Surcharge – late provisional filing fee or cover sheet.
X Charge fee(s) indicated below X Credit any overpayments	139	130	139	130	Non-English specification
X Charge any additional fee(s) during the pendency of this application	147	2,520	147	2,520	For filing a request for ex parte reexamination
Charge fee(s) indicated below, except for the filling fee	112	920*	112	920*	Requesting publication of SIR prior to
o the above-identified deposit account	113	1,840*	113	1,840*	Examiner action Requesting publication of SIR after
FEE CALCULATION	115				Examiner action
BASIC FILING FEE	116	110 400	215 216	55 200	Extension for reply within first month  Extension for reply within second month
rge Entity Small Entity	117	920	217	460	Extension for reply within third month
ee Fee Fee Fee <u>Fee Description</u> Fee Paid	118	1,440	218	720	Extension for reply within fourth month
01 740 201 370 Utility filing fee 740.00	128	1,960	228	980	Extension for reply within fifth month
06 330 206 165 Design filing fee	119	320	219	160	Notice of Appeal
07 510 207 255 Plant filing fee	120	320	220	160	Filing a brief in support of an appeal
08 740 208 370 Reissue filing fee	121	280	221	140	Request for oral hearing
14 160 214 80 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding
SUBTOTAL (1) (\$) 740.00	140 141	110 1,280	240 241	55 640	Petition to revive – unavoidable Petition to revive - unintentional
EXTRA CLAIM FEES FOR UTILITY AND REISSUE	142	1,280	242	640	Utility issue fee (or reissue)
Extra Fee from Fee Paid	143	460	243	230	Design issue fee
tal Claims 16 -20** =   x   = 0 00	144	620	244	310	Plant issue fee
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litiple Dependent =	123	50	123	50	Processing fee under 37 CFR 1 17(g)
rge Entity Small Entity	126	180	126	180	Submission of Information Disclosure Stmt
ee Fee Fee Fee ode (\$) Code (\$)	581	40	581	40	Recording each patent assignment per
03 18 203 9 Claims in excess of 20	146	740	246		property (times number of properties) Filing a submission after final rejection
02 84 202 42 Independent claims in excess of 3				3/0	(37 ČFR 1.129(a)) For each additional invention to be
04 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	
09 84 209 42 ** Reissue independent claims over original patent	179	740	279		Request for Continued Examination (RCE) Request for expedited examination
10 18 210 9 ** Reissue claims in excess of 20 and over original patent	169	900	169		of a design application
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SUBTOTAL (2) (\$) 0.00 *or number previously paid, if greater; For Reissues, see above	*Reduc	ed by E	Basic Fi	ling Fee	Paid <b>SUBTOTAL (3)</b> (\$) 0.00
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ame (Print/Tyne) Michael I Sphaar A	Registra	tion No	24	,425	Complete (if applicable)
	(Attorne)	//Agent)	34	,420	Telephone (212) 896-5472
ignature Michael J. 20	<u>ve</u>	<u> </u>	_		Date March 1, 2002